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even receive censure. Surely a broader-minded attitude would do no harm to any one. The nurses' suggestions might save the hospital large sums. The authorities could refuse any plans that they knew would not work well, but if nurses felt that their opinions were valued, they would be encouraged to make efforts to save waste of the hospital's supplies.

*New York.*

A PUPIL NURSE.

#### PRIVATE DUTY DURING TRAINING

DEAR EDITOR: I was much interested to read the advice given in the Department of Public Health Nursing in the JOURNAL for April regarding the necessity of doing at least some private nursing before taking up public health work. The statement is there made that private nursing or district nursing or both are absolutely essential for the nurse who intends to take up this work, no matter how good her hospital training has been, that many nurses who have undertaken public health nursing without it have failed. The implication is that the nurse as graduated from the training school is not fitted to take up anything but hospital work, since she has done no private nursing, which is held to provide the best, nay, indispensable training for district and public health nursing. Nowhere have I seen the advantages of experience in private nursing better set forth than in this place. The account given is most convincing. Why, then, not make private nursing a part of the curriculum and graduate nurses fit to enter any field of nursing? How much better is it for the patient in the home to have an inexperienced recent graduate, confident, full of hospital routine, and standing for the first time on her own responsibility than an undergraduate, whose habits are not so fixed as to be immovable, and who is still under supervision and accountable for her work to the training school? Why should the nurse immediately after graduation have to take a post-graduate course in private nursing, even if she is paid a good price for it, when she wants to be getting started in her own line of work, just because she has not been properly trained. Moreover, will not such training come harder where hospital habits are firmly fixed? Yet the effort has been made for years to bar private nursing from the training school curriculum or, where that has seemed impossible, to put it off until the last moment as being a drawback rather than a gain. The Waltham Training School, which for many years has given such training to its pupils because it realized what an advantage it was to them and also to the hospital, to which they came back with a better understanding of the patients and a greater capacity to bear responsibility, has been tabooed on this very account. Was it not merely a little ahead of the times? Is not private nursing, like district nursing and the preliminary course, both of which were first introduced into the training at Waltham, destined to become a regular part of the training in many schools?

*Massachusetts.*

ANNETTE FISKE.

#### THE OTHER SIDE OF NIGHT DUTY

DEAR EDITOR: As I looked hurriedly over the contents of the May JOURNAL, I saw *The Prosaic Side of Night Duty*. I turned to read it at once, for I have spent at different times no less than one and one-half years of my life on night duty. I do not wish to argue or disagree with anyone, especially not with a fellow nurse; however, if the author of *The Prosaic Side of Night Duty* happens to have any more night duty in store for her, I hope she'll change her attitude.

I wish that every girl who enters training might know what a change of attitude can mean. My first night duty was, well, there's no word that can express the terror of it, the fears, the awfulness of the responsibility, the loneliness, the dread, for I was the only nurse on duty in a big old-fashioned house improvised as a hospital. The boards in the upper floor creaked. the attic was said to be haunted, there were rats in the basement walls, and to add terror, two patients died, two nights in succession, these patients being the first dead I had ever seen. I, too, felt the loneliness of the day, the lack of night sleep, etc. But I want to tell you how I learned to feel differently. I wrote a dreary, homesick letter to my mother and it was her answer that helped so much. "My dear, dear, little daughter," she wrote, "please change your glasses. I understand, I know just how you feel, but child, it's not night duty, but all of life, that's terrible, if you are unfortunate enough to see it that way. So put on your love-colored glasses and ask your heavenly Father to help you see this as the work he has given you." It is said that religion and state are separate. Maybe so, but religion and nursing are related I know. All the brotherly love, the spirit of missions, godly fear and faith are called on if one would be a truly good nurse and exercise the fullness of her woman's rights. I have been so busy that there was no time for a lull in the morning hours. I've had so few patients that the night seemed like eternity, but I was on duty, I must make the best of it. No matter how busy, no matter how worried, there's always time for prayer for the dying, also prayer, as well as service, for the suffering. No matter how we must hurry, a kindly spirit can accompany the deeds we perform for those in our care. That first night duty was four years ago. Just last night I was on duty on that same hall, the same lonely house, but what a difference! I was supremely happy, glad of the privilege of the responsibility, thankful for the health that lets me work, not a bit affected by rats, the creaking boards or the loneliness. For the possession of the human lives in my care made me feel rich indeed. Then a word as to turning night into day. Some of us must do it. What must be done can be done, so why not make it pleasant? I certainly agree with the JOURNAL about the sunlight for sleeping. My bright, airy room is very dear to me. After a pleasant greeting from the day nurses, whom I find quite sympathetic, I eat a hot breakfast and go into the sunshine, this glorious sunshine, and say, "My, it's great to be alive." At 9 a.m., I go to bed to sleep as long as I can. It is not always as much as I wish, but I find sleeping, as everything else, is influenced by one's thinking. The happy, contented person goes to sleep much more rapidly than does the dissatisfied, worried one. At about 4 p.m., (with a variation for Sundays) I bathe, dress and go out. I feel quite at home among my church people and spend the hours until 7.30 p.m. very happily, visiting my friends, attending church meetings and at least one service on Sunday. I find my life off-duty very pleasant, but I am never sorry when seven-thirty comes. In many ways, as a nurse, I am a failure. I do not say nursing is the only or greatest profession for women, I do not say everyone can like night duty, but I do wish every woman who has it to do could receive as much pleasure from it as I do.

*Virginia.*

S. C. W.